UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

lanya yvette Hogan	
Write the full name of each plaintiff.	CV
	(Include case number if one has been assigned)
-against-	Do you want a jury trial?
DNATA Grandservice Keshia Mahi	Abi Yes No
Building # 66 JFK Airport Jamaica NY 11430	
Samaica NY 11430	
Write the full name of each defendant. The names listed	
above must be identical to those contained in Section I.	

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES

A. Plaintiff Information

Provide the follopages if needed	wing information for e	each plaintiff nar	ned in th	e complaint.	Attach additional
Tanya	1/ret	le 1	togan)	
First Name	Middle	Initial La	st Name		
137 Pil	grim Place	FL#I			
Street Address	J				
ValleyStr	2am	NY	100		580
County, City		State/		Zip C	Code
516 834	3584	Engli	cht2	32@am	ail com
Telephone Numb		Email Add			
B. Þefendan t	Information				
correct informat defendant. Make caption. (Proper	ur ability, provide add ion is not provided, it does not provided, it does not be sure that the defendants under employment ag	could delay or pr ants listed below ployment discrim encies.) Attach a	revent ser are the somination sominational	rvice of the co same as those statutes are u	omplaint on the e listed in the sually employers,
Defendant 2:	Name	dant may be serve No.	tirpuri ved State PC	11-	28 Zip Code Parta
	County, City	<u></u>	State	100	Zip Code

Defendant 3:			
	Name		
	Address where defende	ant may be served	
	County, City	State	Zip Code
II. PLACE C	OF EMPLOYMENT		
The address at v	which I was employed	l or sought employme Services	nt by the defendant(s) is:
Name Buildin	9 84 JFK	Afreport	Cargo area
Address \amaic) A	M	11430
County, City		State	Zip Code
III. CAUSE	OF ACTION		
A. Federal Cla	ims		
This employment that apply in your		suit is brought under (check only the options below
			§§ 2000e to 2000e-17, for lor, religion, sex, or national
	efendant discriminate and explain):	ed against me because	of my (check only those that
	race:		
	color:		
	religion:		
	sex:		
	national origin:		

		42 U.S.C. § 1981, for intentional employment discrimination on the basis of race
		My race is:
		Age Discrimination in Employment Act of 1967 , 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)
		I was born in the year:
		Rehabilitation Act of 1973, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance
	□ /	My disability or perceived disability is: Leaving Disability + AD Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability
		My disability or perceived disability is: Depress Ne Disarda
		Family and Medical Leave Act of 1993, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons
B.	Otl	ner Claims
In a	addi	tion to my federal claims listed above, I assert claims under:
		New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
		New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
		Other (may include other relevant federal, state, city, or county law):

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

agency.

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):
☐ did not hire me
terminated my employment
☐ did not promote me
did not accommodate my disability
 provided me with terms and conditions of employment different from those of similar employees
☐ retaliated against me
☐ harassed me or created a hostile work environment
other (specify): Made My dispresque Disorba Worseld and made me become hameless from B. Facts My Previous house I was residing Not 20, 2019 State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) because of your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.
As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

and receive a Notice of Right to Sue.
Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?
Yes (Please attach a copy of the charge to this complaint.)
When did you file your charge? 5 66 21
□ No
Have you received a Notice of Right to Sue from the EEOC?
Yes (Please attach a copy of the Notice of Right to Sue.)
What is the date on the Notice? March 8, 2027
What is the date on the Notice? March 8, 2027 When did you receive the Notice? Paril 20, 2022
□ No
VI. RELIEF
The relief want the court to order is (check only those that apply):
☐ direct the defendant to hire me
direct the defendant to re-employ me
☐ direct the defendant to promote me
direct the defendant to reasonably accommodate my religion NI one of the answer
direct the defendant to reasonably accommodate my disability
direct the defendant to (specify) (if you believe you are entitled to money
damages, explain that here)
20,000 For the Damage of my mental answich
gotten worrsen Lost my place of residence
and my health is getting worse than ever and 7500 For withholding me from work due
and 7500 for withholding me from work and
to the fact that I had my SIDI bagde Oct 22, 202
and took my Drugtest 10/01/2024 and I
had to get the union to get me in work as Page 6
early as Jan 14, 2022. Total of \$27,500 for
Compensation

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1 1				j Í
July 19 2021	u	- / cm	m b	House
Dated		Plaintiff's Sign		
Tanya	V	Hoga	n	
First Name	Middle Initial	Last Name		
Post 0	FFICE BO	x 7604	2	
Street Address	And the second s	Maria		
treeport	<u> </u>	NY	1/8	5_20
County, City /		State !	Zip Code	e
516 324-	9677	English	13200	3 maile com
Telephone Number	101 matt]	Email Address	; (if available)	
Telephone Number My mother	relliphone"			
σ				
I have read the attache	ed Pro Se (Nonprisoner) Consent to Receive	e Documents E	lectronically:
¥Yes □ No				

If you do consent to receive documents electronically, submit the completed form with your

complaint. If you do not consent, please do not attach the form.

CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

- 1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
- 2. I have established a PACER account:
- 3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
- 4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
- 5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
- I understand that this consent applies only to the cases listed below and that if I file
 additional cases in which I would like to receive electronic service of notices of documents, I
 must file consent forms for those cases.

Note: This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number

Civil case(s) filed in the Southern District of New York:

(for example, John Doe v. New City, 10-CV-01234).

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Hacas	Tan				
HOG'AN Name (East, First, MI)	/ ang	ia y			
DO BOX	7604	Free port	NY	11520	
Address	City	State	1	Zip Code	
516 324	-9677	E	nglisht	1-32 @ g	mail-com
Telephone Number		É-mai	l Address		•
July 19.	2022	Ta	nya c	1 Hoga	
Date		Signa	tup /		

Return completed form to:

Pro Se Intake Unit (Room 200) 500 Pearl Street New York, NY 10007



Agency(ies) Charge CHARGE OF DISCRIMINATION Charge Presented To: No(s): This form is affected by the Privacy Act of 1974. See enclosed Privacy Act **FEPA** Statement and other information before completing this form. **EEOC** 520-2021-02976 **NEW YORK STATE DIVISION OF HUMAN RIGHTS** and EEOC State or local Agency, if any Name (indicate Mr., Ms., Mrs.) Home Phone Year of Birth MS. TANYA Y HOGAN (516) 592-1495 Street Address City, State and ZIP Code POST OFFICE BOX 7604, USA, FREEPORT, NY 11520 Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.) No. Employees, Members Phone No. **DNATA USA** 15 - 100 (718) 244-1239 Street Address City, State and ZIP Code **BUILDING 66 JFK AIRPORT, JAMAICA, NY 11430** Name Phone No. No. Employees, Members Street Address City, State and ZIP Code DISCRIMINATION BASED ON (Check appropriate box(es).) DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest RACE COLOR SEX RELIGION NATIONAL ORIGIN 01-14-2021 07-16-2021 RETALIATION AGE DISABILITY GENETIC INFORMATION OTHER (Specify) CONTINUING ACTION THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I am disabled and because of that I have been discriminated against. I began working for Respondent for the first time beginning on February 28, 2019, as a Ramp Agent. I injured my neck and shoulder and went out on STD in April/2019 but came back on July 5, 2019. I reigned the job in October 28, 2019. I was hired under the name of Tanya English the first time, but when I was rehired in October/2020 my last name had changed to Hogan. Specifically, I requested accommodations for taking tests while employed and have been denied but had to take the tests anyway. My accommodation requests were for a reader. extra time in taking the test, and an alternative testing place. Due to the pandemic I was unable to attend my regular doctor appointments and was behind in my treatment. This caused me to miss some days from work in order to attend my NOTARY - When necessary for State and Local Agency Requirements I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I swear or affirm that I have read the above charge and that it I declare under penalty of perjury that the above is true and correct. is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT Digitally signed by Tanya Y Hogan on 08-06-2021 SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE 01:59 PM EDT (month, day, year)



CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:	Agency(ies) Charge No(s):
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EEOC

____ FEPA

520-2021-02976

NEW YORK STATE DIVISION OF HUMAN RIGHTS

and EEOC

State or local Agency, if any

appointments. Every time I was out it was a problem. I always provided Respondent with documentation from my doctors. I occasionally have a flare ups because of chronic asthma but call three (3) hours before my work schedule. I am being hassled by Keisha Mahabir, from HR, by manipulating me and wanting me to be removed from the job. I have complained to the union but to no avail.

I have been calling Human Resources time and time about getting some uniforms for the winter of two (2) sweatshirts, two (2) fleece pull overs, a Dnata winter coat, and a winter hat like when I first got hired on Feb 28, 2019. I was told Respondent only supplied work boots and black or dark blue cargo pants. I never received anything and was told to ask Annmarie whom doesn't really take things seriously.

I had an incident with Safiya Fletcher (Warehouse Leader), in February/2021, where she told me to get the fuck out of the warehouse. I went to the warehouse to warm up and to see if I could assist. I was so upset with how I was treated that I had to leave for the day. I felt very disrespected and felt Fletcher should not have treated me that way. I made a complaint about the matter to Miriam Rivera in Headquarters the next day.

I had an incident June 25, 2021, with Annmarie when she wanted me suspended and made me sign a paper that I wasn't aware of signing and was forced to write that I agreed that the incident happened, however, I don't believe I was harassing's her by text message.

On July 16, 2021, I again had to go out of work because I re-injured my neck, shoulder and back. Respondent doesnt want to provide me with an accommodation of being transferred somewhere else. I will continue to get hurt for doing heavy duty work since my first injury. I have provided doctor notes requesting the same, but my requests are denied.

Based on the above, I believe my rights have been violated under the Americans with Disabilities Act (ADA), as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Digitally signed by Tanya Y Hogan on 08-06-2021

O1:59 PM EDT

NOTARY - When necessary for State and Local Agency Requirements

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

New York District Office 33 Whitehall St, 5th Floor New York, NY 10004 (929) 506-5270 Website: www.eeoc.gov

DETERMINATION AND NOTICE OF RIGHTS

(This Notice replaces EEOC FORMS 161 & 161-A)

Issued On: 04/20/2022

To: Ms. Tanya Y. Hogan Post Office Box 7604 USA Freeport, NY 11520

Charge No: 520-2021-02976

EEOC Representative and email:

Debra Richards Federal Investigator debra.richards@eeoc.gov

DETERMINATION OF CHARGE

The EEOC issues the following determination: The EEOC will not proceed further with its investigation and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.

NOTICE OF YOUR RIGHT TO SUE

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice. Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file a lawsuit based on this charge, please sign-in to the EEOC Public Portal and upload the court complaint to charge 520-2021-02976.

On behalf of the Commission,

Digitally Signed By:Judy Keenan 04/20/2022

Judy Keenan District Director Cc:

Laura Morgan Dnata USA laura.morgan@dnata.us

John J Porta Jackson Lewis P.C. john.porta@jacksonlewis.com

Please retain this notice for your records.

aciloi Sele

Issuing Officer Cecilia Salcedo Cruz

LANDLORD'S NOTICE NOT TO RE-NEW TENANCY

TANYA HOGAN,

"John Does" and "Jane Does", Tenant(s) 125 South Bayview Avenue, Apt. 3E Freeport, NY 11520

Names of "John Does" and "Jane Does" being fictitious persons, intended to be any other occupants in the premises known as 125 South Bayview Avenue, Apt. BE, Freeport, NY 11520 (the "Subject Premises")

Lease Agreement made on or about November 15, 2019, between the Landlord, 125 SOUTH BAYVIEW AVE., LLC and Tenant, TANYA HOGAN, regarding the Subject Premises, a residential property

PLEASE TAKE NOTICE, that the undersigned Landford elects not to re-new your tenancy of the Subject Premises, which is presently being held by you pursuant to a written Lease made on. or about November 15, 2019, which expires on November 30, 2021.

PLEASE TAKE FURTHER NOTICE that Tenant has been in possession of the premises since November 19, 2019.

PLEASE TAKE FURTHER NOTICE, that you and all other persons occupying the Subject Premises must vacate and surrender the Subject Premises on or before December 15, 2021, a date not less than ninety (90) days from the date herein Notice of Decision Not To Re-New the Tenancy was served upon you.

PLEASE TAKE FURTHER NOTICE, that the failure to quit and vacate the Subject Premises by the above date will result in the Landlord commencing a summary proceeding to have you evicted from the Subject Premises for holding over past the termination of your tenancy and for possession, a money judgment for all monetary relief, including unpaid rent and use and · occupancy, together with all reasonable relief the Owner/Landlord is entitled.

Dated: September 1, 2021

125 SOUTH BAYVIEW AVE., LLC, Landlord By: Eagle Rock Management, LLC, Managing Agent

Adam F. Seelig, Manager

CLARK & AMADIO, P.C. Attorneys for Landlord 230 Hilton Avenue, Suite 201 Hempstead, NY 11550